Film Permit Application

CONTACT INFORMATION

and where the vehicle is to be driven):
Will you need park electricity? YES - NO

Name of Production Company:			
Address:			
Name of Insured on Certificate of Liability Insurance:			
Name of primary contact person:			
Title:			
Phone #1:	Office	Cell	Fax:
Email:			
Name of secondary contact person:			
Title:			
Phone #1:	Office	Cell	Fax:
Email:			
PARK RESERVATION INFORMATION			
Name of park:			
Location in park:			
Shoot dates:			
Shoot times:			
FILM/VIDEO or STILL shoot?			
Will you use canopies or tent? (If YES, describe numb	er and size)	

Will you have amplified sound and/or music and/or generator? YES – NO (If YES, describe)

Will you have catering service? YES - NO (If YES, where and what equipment & vehicles)

Will you need vehicle access within the park? YES - NO (If YES, describe number, type, purpose

PRODUCTION DESCRIPTION

Please provide a general description of any other equipment to be brought into the park (i.e.			
camera, lighting, dolly track, etc. attach an additional page if necessary):			
carriera, lighting, doily track, etc. attach an additional page if necessary).			
PRODUCTION DESCRIPTION			
Please provide a general description of activities that will occur during the production process.			
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Please provide a drawing/map of production site and location of equipment

City of Gresham 1333 NW Eastman Parkway Gresham, OR 97230 Phone: 503-618-2626 www.GreshamOregon.gov/Film